

## 2013 Adult Volleyball Registration Form

Entry Fee must accompany this form. You may register by mail, in person, online, or over the phone with a credit card 651-558-2255. No personal checks. Business checks will be allowed payable to: St. Paul Municipal Athletics 1500 Rice St.

Registration taken Nov.12-Dec. 7 or earlier if league fills.

Play begins January 7

8 weeks + playoff tournamen

St. Paul, MN 55117

Winter 2013

Manager:				- A
Address:		City	y:	Zip:
Home Phone:	4//	Work:	Cell:	
Email:	4/	$-\Lambda$	11	\
Team Name:				ľ
Special Request:	$\mathcal{A}^-$	=		
Division of Play:	Women's B	Women's D	Co-Rec B	Co-Rec D
team.		ll relay it to my team. I w	vill be responsible fo	or the conduct of my
Manager/Team Rep	resentative		<del></del>	
How did you hear al	bout us?	X >		
City Website	Rec. Center	Municipal Athletics	Friend	Other
Office Use Only	N Z			
Date Received			V/SA MasterCard	SAINT
Amount	Cash C	heck #	DISCOVER NETWORK	
CC #		Exp//		
Receipt #		Staff Initials		











